

The **Board of Examiners for Nursing** held a meeting on September 3, 2014 at the Legislative Office Building, Room 1-A, 300 Capitol Avenue, Hartford, Connecticut.

BOARD MEMBERS PRESENT: Patricia C. Bouffard, RN, Chair
Mary M. Brown, RN
Ellen M. Komar, RN
Jennifer Long, APRN
Geraldine Marrocco, RN
Gina M. Reiners, RN
Robin Rettig Cattanio, LPN
Carrie Simon, Public Member

BOARD MEMBERS ABSENT: Lisa S. Freeman, Public Member

ALSO PRESENT: Stacy M. Schulman, Legal Counsel to the Board, DPH
Marianne Horn, Director of Legal Services, DPH
Joanne V. Yandow, Legal Counsel to the Board, DPH
Christian Andresen, Section Chief, PLIS, DPH
Kathleen Boulware, Public Health Services Manager, DPH
Pamela Pelletier-Stevens, Nurse Consultant, DPH
Jolanta Gawinski, Health Program Supervisor, DPH
Linda Fazzina, Staff Attorney, Licensure Regulation and Compliance, DPH
Joelle Newton, Staff Attorney, Licensure Regulation and Compliance, DPH
Diane Wilan, Staff Attorney, Licensure Regulation and Compliance, DPH
Janice E. Wojick, Administrative Assistant, DPH
Gail Gregoriades, Court Reporter

Chair Patricia Bouffard called the meeting to order at 8:30 AM.

STUDENTS

Chair Bouffard welcomed students from Stone Academy's East Hartford and West Haven campuses.

CHAIR UPDATES

This will be deferred to the NCSBN Updates later in the meeting.

OPEN FORUM

There were no comments or questions from the audience.

ADDITIONAL AGENDA ITEMS AND REORDERING OF AGENDA

Revised agendas were e-mailed to the Board Members on September 2, 2014.

LEGISLATIVE UPDATE

The 2015 Legislative Session dates are January 7, 2015 through June 3, 2015. This is the budget (long) session during which time the BOEN meetings will be held at the Department of Public Health Complex in Room 470-C. The Board will return to the LOB for their June 17, 2015 Board Meeting.

TRANSMISSION TO ELECTRONIC TRANSMISSIONS

Marianne Horn, Director of Legal Services at the Department of Public Health, was present to update the Board on the Department's transition to electronic transmissions.

During the next six months DPH will be implementing a process to minimize the use of paper with respect to agenda packets for BOEN meetings. The BOEN Agenda packets will be posted on a secure website one week prior to each meeting. Board Members will be assigned a user name and password for accessing this site and will be provided with detailed instructions.

DPH is committed to making this a very seamless process and will provide a demonstration at a future BOEN meeting regarding this new process along with assistance on accessing the site and the agenda documents will be available through DPH staff at each meeting and in between meetings if they are any issues.

Regarding reviewing the agenda material prior to the BOEN meeting, you will have the option of either viewing the documents on-line with your own device (desktop computer, laptop, tablet or smartphone); or printing out a paper copy of the agenda materials.

Regarding accessing the agenda materials at the BOEN meetings, Board Members will have the option of viewing the downloaded materials with their own portable devices (laptop computer, tablet or smartphone), using a laptop provided by DPH, or using a paper copy which they have printed out prior to the meeting.

Concerns expressed by Board Members during this discussion were the difficulty of reading scanned copies of transcripts and medical records on line which will be an additional cost that will be incurred by each Board Member. This is a volunteer Board with no compensation for mileage, loss of work pay, etc.

Board Members also stated that these documents may be printed out at their work sites which are not secure printers. Also a concern is making notes on PDF documents on the computer vs notes on a hard copy that they will bring to the meeting.

The CT Medical Examining Board will start using this procedure on the third Tuesday of October.

DPH would like to know whether Board Members will be using a personal laptop, tablet or smart phone, or would like a laptop supplied at each meeting, or a paper copy that they printed out themselves. Input on the Board's preferences and any feedback on the process will be part of the agenda for discussion at the October 1st BOEN meeting.

Kathy Boulware arrived at this time.

HAVEN ANNUAL UPDATE

Maureen Dinnan, Executive Director of the HAVEN Program, was present to provide the Board with the Annual Update and also to speak with the students.

The primary mission of HAVEN is to enhance patient safety by supporting the health and wellbeing of CT health professions which is accomplished through education and prevention, early identification and intervention, referral for evaluation and treatment, and support and monitoring. HAVEN does not engage in the practice of medicine or mental health care. HAVEN is dedicated to serving healthcare professionals through monitoring, support and advocacy with dignity, respect, and confidentiality as allowed by law. Addiction is a brain disease and must be treated with total abstinence.

HAVEN is an independent non-profit corporation and the sole health intervention assistance program authorized by state law to serve virtually all licensed health care professions. HAVEN offers a confidential alternative to “public disciplinary action for professionals suffering from chemical dependency, emotional or behavioral disorder, or physical or mental illness.” HAVEN provides a safe environment for coordinating educational, rehabilitative, and supportive services to healthcare professionals.

In 2013, HAVEN provided assistance to more than 340 healthcare professionals, including active and closed matters. The breakdown regarding the nursing profession is as follows:

2013 Active Participants	<u>RNs</u>	<u>LPNs</u>	<u>APRNs</u>
Substance Abuse Disorder	62	12	1
Mental Illness	8	-	2
Substance Abuse and Mental Illness	94	14	10
Chronic Pain	-	-	1
Substance Abuse and Chronic Pain	1	-	1
Physical Illness	1	-	-
Mental Illness and Physical Illness	2	2	1
Emotional Disorders/Behavioral Concerns	1	-	-
Chronic Pain, Mental Illness, Substance Abuse	4	-	-
Emotional Disorders/Behavioral Concerns, Substance Abuse	2	-	-
No Diagnosis	2	-	-
TOTALS	177	28	16
Reason for Closing Cases	<u>RNs</u>	<u>LPNs</u>	<u>OTHER</u>
Successfully Completed	10	1	3
Transferred to DPH	17	6	3
Insufficient Basis for Monitoring			2
Elected not to apply for CT Licensure	1	-	-
Deceased	-	1	-
Total Closed in 2013	28	8	8

Public Act 07-103, signed by Governor Jodi M. Rell on June 12, 2007, enables the establishment of a confidential assistance program for health care professionals licensed by the State of Connecticut Department of Public Health and suffering from physical or mental illness, emotional disorder or chemical dependency. Following the passage of this important legislation, the Connecticut Academy of Physician Assistants, the Connecticut Nurses' Association, the Connecticut State Dental Association, the Connecticut State Medical Society and the Connecticut Veterinary Medicine Association, as a coalition of health care professionals, created the Health Assistance InterVention Education Network for Connecticut Health Professionals (HAVEN). This initiative represents a model in our state and the country for the teamwork so essential in today's health care environment.

EtG TESTING

Kathleen Boulware and Maureen Dinnan were present to discuss EtG (Ethyl Glucuronide) alcohol screens. EtG can be used for very low measurement of exposure. EtG will be positive in urine one hour after alcohol consumption and even after one drink and peaks at 3 – 6 hours and is detectable 1-5 days. The Department recommends a cut-off point of EtG over 1,000ng/ml. They also discussed studies, surveys, and the benefits of EtG and EtS testing. This type of testing is better than other markers for detecting recent alcohol use.

TOLLING LANGUAGE IN ORDERS

Joanne V. Yandow and Kathleen Boulware discussed Tolling Language with the Board. It was determined that Tolling Language needs to be part of Fact Findings at which time this should be discussed on a case-by-case basis as to whether or not it is appropriate or not. Marianne Horn, Joanne V. Yandow, Kathleen Boulware, and Matthew Antonetti will be working on the appropriate Tolling Language for Consent Orders and Memoranda of Decision.

SCHOOL ISSUES – GOODWIN COLLEGE – FIVE YEAR STUDY

Janice Costello, Director of the ADN Program, was present for Goodwin College's five-year review of their Associate Degree Nursing Program. After review and discussion of the report, Mary Brown moved, which was seconded by Geraldine Marrocco, to accept Goodwin College's five-year study and granted the Program Full Approval. The motion passed unanimously. The program's next review will be in September of 2019.

PORTER AND CHESTER INSTITUTE – ADMINISTRATIVE CHANGES UPDATE

The Board Office received a letter dated August 14, 2014 from Patricia Donovan, Corporate Director regarding staff issues at three of the five Porter and Chester Institute (PCI) Campuses. Ms. Donovan was present to update the Board.

Regarding PCI's **Stratford Campus** – Grace Clark, Campus Supervisor, resigned her position on May 30, 2014. Campus is currently being covered by Patricia Donovan. Ms. Donovan was present today, to advise and introduce to the Board Ms. Kathleen Bhatti, who has been hired as the new Stratford Campus Supervisor. Ms. Bhatti was present to answer any questions from the Board. Gina Reiners moved, which was seconded by Mary Brown, that Ms. Bhatti does meet the regulations of nursing programs as Campus Supervisor. The motion passed unanimously. The Board welcomed Ms. Bhatti and wished her well in this new endeavor.

Regarding PCI's **Rocky Hill Campus** – the Rocky Hill Campus Supervisor, Karyn Therrien, has been covering students in clinical due to the unexpected departure of a staff member. The program is in the process of interviewing candidates for that position. Ms. Donovan advised the Board that this position has been filled effective September 29, 2014.

Regarding PCI's **Enfield Campus** – Pam Gallagher, Campus Supervisor, will be covering clinical assignments temporarily due to a staff member's departure On August 14, 2014. The program will start to actively interview for a replacement. Ms. Donovan apprised the Board that an offer will be made later today to fill the staff member's position.

NORWALK COMMUNITY COLLEGE – PERMANENT WAIVER REQUEST

Dr. Kathleen Fries was present from the program to request a permanent waiver for Rayna Salemmé, who was also in attendance at this meeting.

Ellen Komar moved, which was seconded by Gina Reiners, to grant the permanent waiver. The motion failed as all were opposed.

Geraldine Marrocco then moved to deny the permanent waiver request for Ms. Salemmé. The denial was based upon the school's failure to demonstrate how Ms. Salemmé's Master of Arts Degree and her work-experience were applicable to teach medical/surgical nursing of the adult in an acute care setting. The motion to deny the permanent waiver request was seconded by Ellen Komar and passed unanimously.

CORRESPONDENCE/STATISTICS ON INQUIRIES FOR JUNE AND JULY, 2014

Pamela Pelletier-Stevens apprised the Board that there were several scope of practice calls for RNs, LPNs, and APRNs. Questions regarding APRNs were mostly due to the recently regulatory changes. A document has been posted regarding "Advanced Practice – Independent/Collaborative Practice" on the BOEN web page which should answer questions regarding out-of-state APRNs moving to CT. Currently there is no grandfathering for out-of-state APRNs who have completed the collaborative agreement and the required hours. The Board stated that they feel this needs to be revisited as it is a barrier to health care access. On the BOEN Web Page there is an article by the Department of Public Health regarding the new regulations regarding Advanced Practice: Independent/Collaborative Practice.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Chair Bouffard and Kathleen Boulware attended the NCSBN Delegate Assembly and Annual Meeting in Chicago August 13 – 15, 2014. The NCSBN met in Chicago to consider pertinent association business with its member boards of nursing. There were 58 member boards represented by delegates.

Election of New Members to the Board of Directors

President: Shirley Brekken, MS, RN, Executive Director of the Minnesota Board of Nursing, was elected president after having served as vice president from 2010-2014. She previously served as Area II director from 1990-1992 and has served on 12 NCSBN committees/task forces as either chair or committee member. Ms. Brekken is a partner in several Minnesota efforts related to patient safety and advancing a "Just Culture" (Minnesota Alliance for Patient Safety); nursing excellence (Stratis Health Institute); nursing workforce (Minnesota Center for Nursing BOD, Minnesota Colleagues in Caring and Minnesota Health Education and Industry Partnership Steering Committees and Governor's Healthcare Reform Workforce Committee); technology (Governor's e-Licensing Steering Committee); and nursing leadership (Minnesota Organization of Leaders in Nursing).

President-elect: Katherine Thomas, MN, RN, FAAN, Executive Officer of the Texas Board of Nursing, previously served as Area III director and a director-at-large on the NCSBN BOD. She also served as the NCSBN representative to the APRN Joint Dialogue Group, and was a member of several NCSBN Advanced Nursing Practice committees and chaired several advanced practice committees from 1995-2007.

Treasurer: Julia L. George, MSN, RN, FRE, Executive Director, North Carolina Board of Nursing, was re-elected Treasurer after having served in that office since 2011. She previously served as the Area III Director from 2007-2011 and is a Fellow of the NCSBN Institute of Regulatory Excellence. Ms. George served on the NCSBN Resolutions Committee from 2002-2003 and the NCSBN Practice, Regulation & Education Committee from 2003-2004.

Directors-at-Large: Joe Baker, Jr., Executive Director of the Florida Board of Nursing, was re-elected Director-at-Large. He previously served on the NCSBN Nursing Education Committee from 2011-2012 and has worked as the Executive Director for numerous regulatory boards since June 1995, both with the Florida Department of Business & Professional Regulation and the Florida Department of Health.

Gloria Damgaard, MS, RN, FRE, Executive Secretary of the South Dakota Board of Nursing, was re-elected Director-at-Large. She previously served on the NCSBN Commitment to Ongoing Regulatory Excellence Committee from 2011-2012 and the NCSBN Resolutions Committee from 2005-2007 and also served as chair of the National Licensure Compact Administrators from 2006-2009.

NCSBN delegates also elected members of the Leadership Succession Committee (LSC):

Area I – Pamela Randolph, MS, RN, FRE, Board Staff, Arizona State Board of Nursing

Area II – Deb Haagenson, RN, Board Member, Minnesota Board of Nursing

Area III – Patricia Dufrene, MSN, RN, Board Staff, Louisiana State Board of Nursing.

Interstate Practice

The NCSBN passed a resolution affirming its commitment to facilitating interstate practice at their Delegate Assembly and Annual Meeting. With this resolution, NCSBN affirms its endorsement of a uniform mutual recognition model for state-based nurse licensure to enhance public protection and use of tele-health technology for access to health care as well as facilitate the mobility of nurses.

NCSBN recognized the importance of facilitating interstate practice by endorsing the mutual recognition model of nurse licensure in 1997. In 2000, the Nurse Licensure Compact (NLC) for registered nurses (RNs) and licensed practical nurses (LPNs) was implemented. The Nurse Licensure Compact Administrators (NLCA) representing the 24 states in the NLC, have continuously explored potential revisions to the NLC to enhance its operations.

Over the past year, the NCSBN Executive Officer Forum has engaged in a dialogue about the mutual recognition model of licensure and has reached consensus among those members who participated to propose revisions to the NLC that will allow for its expeditious adoption by states. Additionally, the Advanced Practice Registered Nurse (APRN) Compact, a mutual recognition model for advanced practice nursing, has been proposed and is being aligned with the NLC.

NCSBN Considers Pertinent Association Business with its Member Boards of Nursing at its 2014 Annual Meeting

Outgoing NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, Executive Director of the Maine State Board of Nursing, stated, "Our delegate assembly members were delighted by two stellar keynote speakers who left us with much to ponder and apply to the world of nursing regulation. We learned more about the value of meta leadership from Leonard J.

Marcus, PhD, Harvard School of Public Health and were taken on the photographic journey of Steve Uzzell, former National Geographic Magazine, and corporate and advertising photographer, who challenged the audience to experience the 'open road' to clear the mind and recognize the need to continually challenge one's own assumptions. "

Highlights of some of the significant actions approved by the member boards of nursing include:

- Commitment to Facilitating Interstate Practice Resolution;
- Adoption of revisions to the NCSBN Model Practice Act and Rules;
- Adoption of the revisions to the NCSBN Bylaws; and
- Approval of the Nurses Association of New Brunswick, College of Licensed Practical Nurses of Newfoundland and Labrador, Nursing & Midwifery Board of New South Wales, Yukon Registered Nurses Association and Nursing & Midwifery Board of Australia as associate members of NCSBN

The NCSBN released the findings of its award-winning research, "The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education," which concluded that substituting high quality simulation experiences for up to half of traditional clinical hours produces comparable end of program educational outcomes to those students whose experiences are mostly just traditional clinical hours and produces new graduates that are ready for clinical practice.

The largest and most comprehensive research to date examining the use of simulation in the prelicensure nursing curriculum, this longitudinal study included incoming nursing students from 10 prelicensure programs across the U.S. who were randomized to one of three study groups:

- Control group (traditional clinical where up to 10% of clinical time was allowed in simulation)
- 25% simulation in place of traditional clinical hours
- 50% simulation in place of traditional clinical hours

The study began in the 2011 fall semester with the first clinical nursing course and continued throughout the core clinical courses to graduation in May 2013. Students were assessed on clinical competency and nursing knowledge. They provided ratings on how well they perceived their learning needs were met in both the clinical and simulation environments. A total of 666 students completed the study requirements at the time of graduation.

It was found that up to 50 percent simulation was effectively substituted for traditional clinical experience in all core courses across the prelicensure nursing curriculum. Additionally, the use of up to 50 percent simulation did not affect NCLEX pass rates.

Study participants were also followed into their first six months of clinical practice. The study found that there were no meaningful differences between the groups in critical thinking, clinical competency and overall readiness for practice as rated by managers at six weeks, three months and six months after working in a clinical position.

The full report is available as a supplement to the *Journal of Nursing Regulation (JNR)* and can be accessed on [our web site](#).

The NCSBN was founded March 15, 1978, as an independent not-for-profit organization and was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 21 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

The Mission of the NCSBN is to provide education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

REINSTATEMENT HEARING REQUEST, DEBRA B. KENNEDY, LPN

Ms. Kennedy was present. The Board reviewed the documents presented. After review of the documents presented, Gina Reiners moved, seconded by Geraldine Marrocco, to grant Ms. Kennedy's request for a reinstatement hearing. The motion passed unanimously and the hearing was scheduled for November 5, 2014. The Board advised Ms. Kennedy that she will need to provide results of drug/alcohol screens along with therapist reports at the time of the hearing

Break 11:25 AM – 11:55 AM.

MEMORANDA OF DECISION

The Board Members received both Memoranda of Decision via e-mail prior to today's meeting.

RATTANA DUONG, RN

Gina Reiners moved and Geraldine Marrocco seconded to affirm the Board's prior decision to place Ms. Duong's license on probation for six months and the successful completion of coursework. The motion passed unanimously. Chair Bouffard signed the Memorandum of Decision.

TAMMARA MOREY, LPN

The Board reviewed this decision at their August 20, 2014 meeting and tabled signing the Order as the Board had questions regarding tolling language.

After review and discussion earlier today regarding tolling language, Mary Brown moved to deny the Memorandum of Decision which included tolling language. The motion was seconded by Jennifer Long and passed unanimously.

A new motion was raised by Mary Brown to affirm the original Memorandum of Decision without the tolling language. The motion was seconded by Gina Reiners and passed unanimously. Chair Bouffard signed the Decision.

CONSENT ORDER – EVA LENGYEL, LPN

OLRC Staff Attorney Diane Wilan presented the Board with the therapist letter which the Board had requested at their August 20, 2014 meeting. The Board reviewed the letter which stated that Ms. Lengyel was safe to return to the practice nursing.

Mary Brown moved, which was seconded by Ellen Komar, to accept the Consent Order as written. The motion passed unanimously. Chair Bouffard signed the Consent Order.

HEARING – JENNIFER SULLIVAN, RN

OLRC Staff Attorney Joelle Newton was present representing the Department of Public Health. Ms. Sullivan was present with counsel, Attorney Mary Alice Moore Leonhardt. Testimony was provided by Jennifer Sullivan. At 12:47 PM Jennifer Long moved, that the Board go into Executive Session in order to question Ms. Sullivan on her medical history. The motion was seconded by Geraldine Marrocco and passed unanimously. The room was cleared of all observers. Ms. Sullivan continued her testimony. At 1:25 PM, Jennifer Long moved that the Board conclude the Executive Session portion of the hearing and return to Public Session. The motion was seconded by Gina Reiners and passed unanimously and observers were invited back into the Public Hearing. At this point all of the students left for the day. Geraldine Marrocco left for the day at the conclusion of Executive Session prior to Fact Finding.

In her closing statement, Attorney Newton stated that the Department felt that the appropriate parameters to protect the public should be the discipline, and that the Board should issue an additional amount of suspension to allow the Respondent to fully participate in her recovery for a longer duration. The Board stated that due to the fact that the Respondent has been challenged by health and addiction issues, the Board was concerned as to whether or not the Respondent was getting enough treatment at this point in time.

Gina Reiners moved that Ms. Sullivan be found as charged as she admitted to all charges with the exception of #4 which the Board can find on. The motion was seconded by Ellen Komar and passed unanimously.

Gina Reiners moved that Ms. Sullivan's license be placed on probation for four years with the usual probationary reporting terms including a one year narcotic key restriction/administration of controlled substances for her first year of returning to work as a nurse. The suspension of Ms. Sullivan's license remains in place until the signing of the Memorandum of Decision (MOD). The motion was seconded by Ellen Komar and passed unanimously.

The Board was very uncomfortable about the Respondent not being monitored between the conclusion of the hearing and the signing of the MOD. DPH does not monitor discipline until the actual Order has been signed by the Board. Attorney Moore Leonhardt stated that Ms. Sullivan has a sponsor and will continue her meetings, drug/alcohol screen reports, therapist reports, medication administration reports, and that she would provide the reports from all practitioners prior to the signing of the MOD. The target date for the signature of the MOD is at the December 3, 2014 Board Meeting. The Board stated that the Respondent is on her own recognizance to continue all treatments. Attorney Moore Leonhardt also requested that the Board order Ms. Sullivan to return to the HAVEN Program. The Board stated this was not under their control, it is between HAVEN and DPH.

The Board recessed for lunch from 1:47 PM to 2:25 PM.

HEARING – TAKENYA TINSLEY, LPN

OLRC Staff Attorney Joelle Newton was present representing the Department of Public Health. Ms. Tinsley was not present and did not have representation at this meeting. There was no testimony provided.

Attorney Newton made an Oral Motion to Deem the Allegations Admitted. Ellen Komar moved, seconded by Carrie Simon, to grant the Motion to Deem which passed unanimously.

Ellen Komar moved to find Ms. Tinsley as charged. The motion was seconded by Mary Brown and passed unanimously.

Ellen Komar moved that Ms. Tinsley's license be revoked based on the fact that Ms. Tinsley did not show for the hearing, did not provide a written response to the charges as instructed in the Notice of Hearing, although Ms. Tinsley did admit to the substance abuse charges in her written statement to the Drug Control Agent on June 5, 2014. The motion was seconded by Carrie Simon and passed unanimously.

HEARING – JAMES MURPHY, RN, APRN

OLRC Staff Attorney Linda Fazzina was present representing the Department of Public Health. Mr. Murphy was present pro se. Gina Reiners recused herself from participation in this hearing and left for the day.

Attorney Fazzina made a Motion to Deem Allegations Admitted. Mary Brown moved to deny the Department's motion as Mr. Murphy was present to answer to the charges. The motion was seconded by Jennifer Long and passed unanimously.

Testimony was provided by Mr. Murphy. The hearing closed.

Jennifer Long moved that Mr. Murphy be found as charged. The motion was seconded by Mary Brown and passed unanimously.

Jennifer Long moved that Mr. Murphy's license be placed on probation for four years with the usual probationary stipulations including adding an inhalant test to the toxicology panel. In a December 5, 2013 e-mail, Olive Tronchin, DPH Practitioner Monitoring Unit, provided the Board with information regarding inhalant testing which will be added to the Memorandum of Decision. The Board also requested that a letter from Mr. Dale Smith be provided to the Board by October 1, 2014 stating that Mr. Murphy is safe to return to the practice nursing. Mary Brown seconded the motion which passed unanimously.

HEARING – ARLENE DUMAIS, APRN, RN

OLRC Staff Attorney Joelle Newton was present representing the Department of Public Health. Ms. Dumais was present without representation at this meeting. The Department had filed a Motion to Amend the Statement of Charges to include Ms. Dumais' RN license. Jennifer Long moved, seconded by Mary Brown, to grant the Department's Motion to Amend Statement of Charges, which passed unanimously. Testimony was provided by Joanne Hudson, Registered Staff Pharmacist at Walgreens Pharmacy, Alyssa Horton, Pharmacy Manager at Walgreens Pharmacy, Michelle Sylvestre, State of CT Drug Control Agent, and Arlene Dumais.

Mary Brown moved and Jennifer Long seconded that Ms. Dumais be found as charged with the exception of 4A and 4C. The motion passed with Carrie Simon opposed.

Mary Brown moved that Ms. Dumais' APRN/RN licenses be placed on probation for six months, with a civil penalty of \$1,000.00, including coursework in Maintaining Professional Boundaries and Ethics. The motion was seconded by Jennifer Long and failed as all were opposed. After discussion, Mary Brown made an amendment to her initial motion to increase the probation to one year, and to also include coursework in APRN Scope of Practice, and the civil penalty is to be paid and all coursework is to be completed within the first six months of probation. The motion was seconded by Jennifer Long and passed with all in favor with the exception of Carrie Simon and Ellen Komar who were opposed.

ADJOURNMENT

It was the unanimous decision of the Board Members present to adjourn this meeting at 5:30 PM.

STUDENTS

Due to the fact that the students left after the first hearing, Chair Bouffard was unable to provide the students with an overview of today's meeting, the Board's responsibilities, jurisdiction, and nursing education programs.

Patricia C. Bouffard, D.N.Sc., Chair
Board of Examiners for Nursing

The **Board of Examiners for Nursing** had scheduled a meeting on September 17, 2014 at the Legislative Office Building, Room 1-A, 300 Capitol Avenue, Hartford, Connecticut.

At their May 7, 2014 meeting, the Board revised their calendar for the remainder of 2014.

At that time the September 17, 2014 meeting was cancelled.

Patricia C. Bouffard, D.N.Sc., Chair
Board of Examiners for Nursing